

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Dental Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Jakob Charen

Mailing Address 107 Cypress Dr

City

Woodbury

State

NY

Zip Code

11797-1524

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

Dentist

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

11 / 10 / 2015

Transaction ID : A2276C77A678743B9B9E

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Dr Daniel Keith Cheek

Mailing Address 118 Millstone Dr

City

Hillsborough

State

NC

Zip Code

27278-8775

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

Dentist

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

11 / 05 / 2015

Transaction ID : A873F4A72C2CA4C4F853

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

c. Dr Walter I Chinoy

Mailing Address 1594 Shackamaxon Dr

City

Scotch Plains

State

NJ

Zip Code

07076-4764

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

Dentist

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

11 / 06 / 2015

Transaction ID : A48D27050151C43D988B

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1000.00